

The Completed Document—

SAMPLE of Completed Form 22

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

**PUBLIC WORKS PROJECT AUTHORIZATION
AND TRANSFER REQUEST**

DGS-RESO FORM **22**

PCBU NUMBER	7760J	AGREEMENT ID NUMBER	185022 -A-22
PCBU NAME	Architectural & Engineering	AMENDMENT NUMBER	
PROJECT ID	DGS000000142016	DATE	5-Nov-18

The Department of General Services is hereby authorized to proceed with the following project. Pursuant with section 14957, et seq. of the Government Code. The State Controller is hereby notified of funds needed for the described project. Transfer of funds to the Architecture Revolving Fund is to be processed when payment of expenditure is presented.

DESCRIPTION OF PROJECT
SAN JOSE REGIONAL OFFICE EXPANSION
CALIFORNIA HIGH SPEED RAIL AUTHORITY
SAN JOSE, CALIFORNIA

This document will be used to **transfer** funds to the Architecture Revolving Fund (ARF) for the **Construction** phase for the above-mentioned project.

These funds will be used for the Design and Construction of a new office space for the California High Speed Rail Authority in San Jose, CA. The funds will allow the Department of General Services, Real Estate Services Division, Project Management and Development Branch to complete tenant improvements, including space planning, design and the purchase of modular furniture and any other expense related to the completion of this project.
TOTAL ESTIMATED PROJECT COST: \$498,763.00.

Originating Office: AMB-Portfolio Management

Tenant

Funding Purpose: Improvement

PROJECT DIRECTOR Bradley Tress 916-375-4135	FORM 22	PRIOR TRANSFERS TO DATE	TOTAL ESTIMATED PROJECT COST \$498,763.00	AMOUNT TO BE TRANSFERRED \$11,922.00
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SIGNATURE

Manager signs here.

TITLE

Jim Martone, Chief, AMB

SPACE BELOW FOR CLIENT AGENCY USE

SOURCE OF FUNDS	AGENCY APPROPRIATION
Other (specify): General Fund	CHP/MR 29/2018 ITEM 7760-001-0666

CLIENT AGENCY CERTIFICATION

I hereby certify upon my own personal knowledge that the budget funds are available for this encumbrance.

SIGNATURE (Agency Budget Officer)	TITLE	PHONE NO.	DATE
	Associate Budget Analyst		
SIGNATURE (Authorized Agency Signature)	TITLE	PHONE NO.	DATE
	Chief, Asset Management Branch		

DEPARTMENT OF FINANCE APPROVAL

EXECUTIVE ORDER NO.:	FUND SHIFT	FROM:	TO:
SIGNATURE	TITLE	DATE	

DOF signs and dates here or exemption text.

FORM 220 ONLY	TRANSFER REQUEST (COA USE ONLY)
The State Controller is hereby requested to transfer these funds to the ARF in accordance with Chapter 8, Statutes of 1987, transfer cash to cover expenditure for:	AMOUNT TO BE TRANSFERRED:
FOR CONTROLLER'S USE ONLY	
SCO ACCOUNT NUMBER (Appropriation Account No.)	REVERSION DATE
Bond Loan Proceeds/Upfront Bond Sale Proceeds Sub-Cash Account No. (Cash Reimbursement Account No.)	

DISTRIBUTION: 1. Original-Controller Accounting 2. RESD-PMDB Z-1, 707 3rd St., 4th Flr 3. Agency 4. DOF 5. DGS Accounting Z-1, 707 3rd St., 10th Floor